

# Exhibit 11

1 I, COLLEEN CHAWLA, declare as follows:

2 1. I am over the age of eighteen, competent to testify, and make this declaration  
3 based on my personal knowledge and my review of relevant business records.

4 **BACKGROUND**

5 2. I am the Chief, San Mateo County Health within the County of San Mateo,  
6 California (“County”). I have held this position since February 2025.

7 3. Prior to accepting the role of Chief of San Mateo County Health, I was the agency  
8 director for Alameda County Health from 2017-2025. Before that, I held several roles during my  
9 13 years at the San Francisco Department of Public Health, including deputy director of health.  
10 In total, I have more than 30 years of career experience in health, public health, and policy.

11 4. I have a master’s degree in public administration and health services  
12 administration from the University of San Francisco and a bachelor’s degree in history from the  
13 University of Southern California.

14 5. With 2,200 employees and a \$1.3 billion annual budget, San Mateo County  
15 Health is the County’s largest department. It is a safety-net healthcare provider, it administers  
16 public health programs, and it provides clinical and supportive services to the community. San  
17 Mateo County Health is comprised of the following divisions and teams: Aging & Disability,  
18 Behavioral Health & Recovery Services, Communications, Correctional Health Services,  
19 Emergency Medical Services, Environmental Health Services, Family Health Services, Health  
20 Administration, Health Coverage Unit, Health Information Technology, the LEAP Institute,  
21 Public Health, Policy & Planning, and San Mateo Medical Center hospital and clinics. Its clinics  
22 serve approximately 100,000 residents, and its public health and policy programming protects  
23 the health of everyone who lives in, works in, and visits the County.

24 **Effect of HHS’ July 14, 2025, Order on San Mateo County Health Programs**

25 6. San Mateo County Health’s budget relies on hundreds of millions of dollars in  
26 federal funding, including sizeable grants from the U.S. Department of Health and Human  
27 Services (“HHS”) and its divisions. As relevant to this lawsuit, these grants include (approximate

1 annual amounts):

- 2 • \$1.6 million in a Community Mental Health Services Block Grant from the Substance  
3 Abuse and Mental Health Services Administration (“SAMHSA”) to provide mental  
4 health services to adults with serious mental illness and children with serious  
5 emotional disturbances who do not qualify for other state or Medi-Cal funding. San  
6 Mateo County Health uses this funding to provide supportive housing and intensive  
7 mental health care to seriously mentally ill adults who otherwise would live in locked  
8 psychiatric facilities, at homeless shelters, or on the streets. This program serves  
9 approximately 1,000 clients.
- 10 • \$147,000 in a SAMHSA Projects for Assistance in Transition from Homelessness  
11 (PATH) grant for the provision of services to individuals who have a serious mental  
12 illness, and/or substance use disorders, and who are homeless or at imminent risk of  
13 becoming homeless.
- 14 • \$4.7 million in a Substance Use Prevention, Treatment, and Recovery Services Block  
15 Grant for drug use prevention, care, treatment, and rehabilitation programs. This  
16 funding supports room and board at residential treatment programs, serving  
17 approximately 300 patients.
- 18 • \$3.8 million in Health Center grants for providing medical, dental, mental health, and  
19 care coordination services to persons experiencing homelessness and farmworkers,  
20 serving approximately 4,800 clients.

21 7. I am aware that on July 14, 2025, HHS published a notice in the Federal Register  
22 (“Notice”) setting forth its interpretation of the Personal Responsibility and Work Opportunity  
23 Reconciliation Act of 1996 (“PRWORA”). According to the Notice, the grant programs listed  
24 above in Paragraph 6 are subject to PRWORA and, as a result, those funds can no longer be used  
25 to provide services to individuals and families who are not citizens or qualified aliens, as defined  
26 by PRWORA. The Notice lists a number of programs that it now considers subject to PRWORA,  
27 which includes those identified in Paragraph 6, but the Notice also says the list is not exhaustive.

1 So, San Mateo County Health may receive additional grants beyond those listed in Paragraph 6  
2 that are now or will be considered subject to PRWORA when they previously were not.

3 8. When providing services that are funded by the grants listed in Paragraph 6  
4 (“Affected Programs”), San Mateo County Health does not ask for or verify a client’s  
5 immigration status.

6 9. Because we do not ask about clients’ immigration status, we do not know for  
7 certain how many clients of the Affected Programs are undocumented. However, because of the  
8 populations served by the Affected Programs, it is likely that some of them are undocumented.  
9 We know this because of Medi-Cal enrollment. Medi-Cal is the State’s implementation of  
10 Medicaid, and the State of California covers some undocumented persons under Medi-Cal using  
11 only State funds. Of the more than 170,000 San Mateo County residents enrolled in Medi-Cal,  
12 about 30 percent are undocumented. It is likely that some of these undocumented Medi-Cal  
13 enrollees utilize services provided through the Affected Programs. Notably, in 2024, one of our  
14 Affected Programs—Healthcare for the Homeless/Farmworker Health—served about 1,072  
15 farmworkers and their family members, many of whom are known to be immigrants.

16 10. If we are required to verify immigration status for all those served by the Affected  
17 Programs going forward, it will affect our ability to provide crucial physical health care, mental  
18 health care, dental care, and substance use treatment to this medically underserved population.

19 11. First, this policy change will have a chilling effect on a vulnerable population and  
20 discourage them from seeking care. At San Mateo County Health, we have worked hard to build  
21 trust with the immigrant population and encourage people to get care when they need it. But if  
22 our clients worry that they will not be able to qualify for the care they need, or that they or  
23 members of their family face a risk of detention or deportation if they seek care, they will stop  
24 coming. This will exacerbate their health conditions. This chilling effect may be felt beyond just  
25 the Affected Programs. If our patients feel that they cannot trust us, they may stop seeking care  
26 through San Mateo County Health altogether.

27 12. Additionally, some clients of the Affected Programs may struggle to comply with

1 verification requirements, even if they are citizens or qualified aliens. A homeless person living  
2 on the streets, served by our Healthcare for the Homeless/Farmworker Health program funded by  
3 an HHS Health Center grant, may not have access to the necessary legal documents, for example.  
4 A person struggling with serious mental illness or a substance use disorder, receiving care paid  
5 for with one of our SAHMSA grants, may not be able to provide proof of legal status prior to  
6 receiving treatment.

7 13. Requiring proof of legal status will also impose new administrative burdens on  
8 staff and healthcare providers of the Affected Programs, as well as our contract partners. Not  
9 only will this increase program costs and require additional data collection resources, but it will  
10 also disrupt relationships between healthcare providers and the medically underserved  
11 populations with whom they have worked so hard to develop trust. Our staff are dedicated  
12 health professionals committed to delivering high quality care to everyone in need and some  
13 have already expressed deep anxiety that this policy will thwart their ability to reach and serve  
14 their patients.

15 14. It is not clear how HHS will enforce these new PRWORA rules, but if San Mateo  
16 County Health were to stop receiving any grants due to this policy shift, the County would likely  
17 have to scale back these programs, stop offering them altogether, or reallocate other funds to  
18 cover them at a time when reductions to Medicaid funding under H.R.1 are on the horizon. This  
19 would harm thousands of County residents who rely on the Affected Programs to connect them  
20 to primary health care, medical screening, dental care, mental health services, and substance use  
21 treatment—including residential and supportive housing programs. The elimination of timely  
22 and reliable access to these preventative and ongoing services will likely lead to worse health  
23 outcomes for these patients and their families. Patients who are homeless or are at risk of  
24 homelessness may struggle even further to obtain stable housing if their medical, mental health,  
25 and substance use issues are not addressed. If our patients' health conditions worsen due to lack  
26 of care coordination and access to preventative and ongoing treatment, this could increase the  
27 burden on County emergency medical services that will see patients when their conditions

1 become a medical or mental health emergency.

2 15. Scaling back these programs would also mean terminating subcontracts and, in  
3 doing so, potentially damaging long-standing partnerships with local nonprofit organizations.  
4 Staffing at these organizations and the County, as well, could be impacted.

5 16. Furthermore, if San Mateo County Health were to lose these grants, it would have  
6 far-reaching financial implications on our entire health system, beyond just the Affected  
7 Programs. Especially on top of the significant cuts to Medicaid recently signed into law, this  
8 uncertainty makes me genuinely concerned about our ability—as a public, safety net health  
9 system—to meet the County’s needs going forward. These changes have the potential to  
10 destabilize the financial underpinnings of our safety net system.

11  
12 I declare under penalty of perjury that the foregoing is true and correct.

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15 EXECUTED this 18 day of July 2025.

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19 COLLEEN CHAWLA  
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